

# FORM A - MENTAL HEALTH BUDGET NARRATIVE

**Local Authority:** Summit Co

## Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR TO BLUE, OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

### 1) Adult Inpatient

*Program Manager*

*Pam Bennett*

Form A1 - FY23 Amount Budgeted:	\$27,572	Form A1 - FY23 Projected clients Served:	6
Form A1 - Amount budgeted in FY22 Area Plan	\$21,625	Form A1 - Projected Clients Served in FY22 Area Plan	4
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0		13

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

**Per direction from the Summit County Council, all terms within the Area Plan are to be spelled out and the usage of abbreviations prohibited in County documents such as this Area Plan.**

### Definitions

#### **Summit County Network:**

The term Summit County Network refers to the overall umbrella of services coordinated by the Behavioral Health Division, which includes the services contracted to the University of Utah Health Plans (UNIVERSITY OF UTAH HEALTH PLANS), their behavioral health department known as University of Utah Health Plans (HUB), local non-profits which provide low to no cost care to residents, Intermountain Healthcare (IHC), the Mental Wellness Alliance, Wasatch Behavioral Health (WBH), and private clinicians within Summit County.

#### **HUB Network:**

The term HUB Network refers to the network administered by University of Utah Health Plan's, behavioral health arm known as Healthy U. Behavioral (HUB), and is responsible for providing through a network of clinicians, all of the mandated services as outlined in Utah Administrative Code. Additionally, University of Utah Health Plans, holds the Medicaid Contract and is responsible for its administration and service delivery.

Neither Summit County nor University of Utah Health Plans directly provide services, rather a network of clinicians in Summit County and neighboring counties is administered by University of Utah Health

**Plans.** The Huntsman Mental Health Institute – Park City serves as the main referral source for Adult Inpatient admissions, which are provided at the [Huntsman Mental Health Institute-Salt Lake City](#), where referrals from Summit County receive priority admission, based on availability of beds. When beds are not available at [Huntsman Mental Health Institute – Salt Lake City](#), the case management team at [Huntsman Mental Health Institute – Park City](#) works with [University of Utah Health Plans](#) to place adults who require inpatient treatment in appropriate facilities and follow their progress through aftercare and follow-up appointments.

Summit County, through both the HUB Network and Summit County Network, have worked to establish diversion and alternative paths for inpatient admissions, which provides for a more direct path to and allows for the Park City Hospital and Summit County Jail to serve as referrers of last resort. HUB Network clinicians can provide direct inpatient referrals to [both Park City and Salt Lake City Huntsman Mental Health Institutes](#), serving as the point of assessment for non-network clinicians.

The following Psychiatric Hospitals associated as participating facilities:

- Provo Canyon Behavioral Hospital
- Huntsman Mental Health Institute

[Summit County is currently working with Weber Human Services on contracting for beds at McKay-Dee Hospital in Ogden.](#) If it is necessary, single case agreements will be utilized to serve client needs

**Describe your efforts to support the transition from this level of care back to the community.**

[University of Utah Health Plans](#) coordinated with primary care physicians so that if patients need additional care, we are aware and they can access us through referral from their primary care and directly. Medical professionals can make referrals based on the visits and follow ups they have with patients pre and post behavioral health care. Huntsman Mental Health Institute – Park City offers a peer support specialist at this time but that is a service we would like to expand moving forward to provided check-in and follow-up calls and services. Case Management services are also available through the Huntsman Mental Health Institute – Park City clinic in order to help aid the transition to a lower level of care.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

NA

**Describe any significant programmatic changes from the previous year.**

NA

**2) Children/Youth Inpatient**

*Leah Colburn*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$32,437</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>3</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$32,437</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>2</b>
<b>Form A1 - Actual FY21</b>	<b>\$0</b>	<b>Form A1 - Actual FY21</b>	<b>4</b>

<b>Expenditures Reported by Locals</b>		<b>Clients Serviced as Reported by Locals</b>	
<b>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.</b>			
<p>The Huntsman Mental Health Institute - Park City is the main referral source for Child/Youth Inpatient admissions. The case management team at <a href="#">Huntsman Mental Health Institute - Park City</a> works with <a href="#">University of Utah Health Plans</a> to place adults who require inpatient treatment in appropriate facilities and follow their progress through aftercare and follow up appointments.</p> <p>Currently <a href="#">University of Utah Health Plans</a> has the following Psychiatric Hospitals associated as participating facilities:</p> <ul style="list-style-type: none"> <li>· Provo Canyon Behavioral Hospital</li> <li>· Huntsman Mental Health Institute</li> </ul> <p>In the event that it is necessary, single case agreements will also be utilized to serve client needs.</p>			
<b>Describe your efforts to support the transition from this level of care back to the community.</b>			
<p>Case Management from <a href="#">Huntsman Mental Health Institute - Park City</a> follows children/youth inpatient admissions and assists with coordinating discharge planning. Because most of the referrals to inpatient level of care have come from <a href="#">Huntsman Mental Health Institute - Park City</a> this will often mean resuming services with established clinicians as well as coordinating with community supports. School therapists have also made referrals to inpatient level of care through HMH IPC and so in-school services can be part of the discharge plan for continued services. During the <a href="#">current</a> school year (2021-2022) Summit County and <a href="#">University of Utah Health Plans increased</a> the availability of peer support for children and youth, in Spanish and English, which <a href="#">added in the</a> transition to the lowest appropriate level of care. Latino Behavioral Health is now operating in Summit County and provides peer support services which assist transitioning to lower levels of care.</p>			
<b>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</b>			
N/A			
<b>Describe any significant programmatic changes from the previous year.</b>			
N/A			

### 3) Adult Residential Care

*Pam Bennett*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$10,294</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>2</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$16,664</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>2</b>
<b>Form A1 - Actual FY21 Expenditures Reported by</b>	<b>\$0</b>	<b>Form A1 - Actual FY21 Clients Serviced as</b>	<b>0</b>

Locals		Reported by Locals	
<p><b>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.</b></p>			
<p>Huntsman Mental Health Institute – Park City is the main referral source for Adult Residential Care. The case management team at Huntsman Mental Health Institute – Park City works with the University of Utah Health Plans Utilization Management (UM) team to place adults who require residential care (Acute psychiatric, dual diagnosis, conduct disorder (CD), detox, discharge planning, and other prescribed inpatient treatments.) in appropriate facilities and follow their progress through follow up appointments, referrals and accommodations.</p> <p>Currently University of Utah Health Plans has the following Residential Mental Health Facilities associated as participating facilities:</p> <ul style="list-style-type: none"> <li>· Volunteers of America</li> <li>· Provo Canyon Behavioral Hospital</li> <li>· Provo Canyon School</li> <li>· Foothill Residential Treatment Center</li> <li>· Highland Ridge</li> </ul> <p>In the event that it is necessary, single case agreements will also be utilized to serve client needs..</p>			
<p><b>How is access to this level of care determined? How is the effectiveness and accessibility of residential care evaluated?</b></p>			
<p>Huntsman Mental Health Institute – Salt Lake is the main referral source for adult residential care. The case management team at the clinic works with clients to find appropriate placements, when it is clinically indicated. The Case Management team also works with the inpatient providers to make sure that inpatient criteria is met. Appropriateness for residential care is determined through clinician recommendations and case staffing. Effectiveness of care is determined through amelioration or worsening of symptoms and further recommendations are made through scheduled staffing or emergency staffing based on need.</p> <p>The accessibility of care is determined by whether there are openings for our members. The effectiveness is determined by readmission rates. Case Management works with facilities to create a discharge plan so that clients can successfully transition to a lower level of care. Additionally, Summit County and University of Utah Health Plans are planning to expand the Peer support offerings in Summit County and hope that in FY23 there will be added peer support resources to help with transition to lower levels of care.</p>			
<p><b>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</b></p>			
<p>Lower contracted costs through increased HUB Network efficiencies.</p>			
<p><b>Describe any significant programmatic changes from the previous year.</b></p>			
<p>NA</p>			

#### 4) Children/Youth Residential Care

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$9,521	Form A1 - FY23 Projected clients Served:	2
Form A1 - Amount budgeted in FY22 Area Plan	\$24,997	Form A1 - Projected Clients Served in FY22 Area Plan	2
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Served as Reported by Locals	2

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. *Please identify any significant service gaps related to residential services for youth you may be experiencing.***

Huntsman Mental Health Institute – Park City is the main referral source for Child/Youth Residential Care. The case management team at Huntsman Mental Health Institute – Park City and the UM team at University of Utah Health Plans work to place children and youth who require residential care in appropriate facilities and follow their progress through follow up appointments. Services include Acute Psychiatric, Detox, Long Term Residential with Age-Appropriate Schooling.

Currently University of Utah Health Plans has the following Residential Mental Health Facilities associated as participating facilities:

- Provo Canyon Behavioral Hospital
- Provo Canyon School
- Provo Canyon School-Springville

In the event that it is necessary, single case agreements will also be utilized to serve client needs.

Facilities are not local and the resources that are utilized in Salt Lake City have long waitlists between 6-8 weeks to get youth into programs. Newport Academy has opened in Summit County; however, they have had trouble hiring and are not currently contracted with University of Utah Health Plans, however this will be evaluated as Newport stabilizes operations. There is a lack of youth outpatient supports in general for preventative and follow-up care. Escalating costs for groups and transportation challenges are barriers for some youth.

**How is access to this level of care determined? Please describe your efforts to support the transition from this level of care back to the community.**

Case Management from Huntsman Mental Health Institute – Park City follows children/youth residential care admissions and assists with coordinating discharge planning. Because most of the referrals to inpatient level of care have come from Huntsman Mental Health Institute – Park City this will often mean resuming services with established clinicians as well as coordinating with community supports and involving family preferences and supports. School therapists have also made referrals to residential levels of care through Huntsman Mental Health Institute – Park City and so in-school services can be part of the discharge plan for continued services. During the upcoming school year (2021-2022) Summit County and University of Utah Health Plans are planning to increase the availability of peer support for children and youth, in Spanish and English, which will also aid with

transition to the lowest appropriate level of care. Inpatient level of care recommendations are based on multidisciplinary clinical staffing, YOQ scores, PHQ and GAD screening, ACES screening, CSSRS screening, response to outpatient treatment, as well as therapist recommendations.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

Lower contracted costs through increased HUB Network efficiencies.

**Describe any significant programmatic changes from the previous year.**

N/A

#### 5) Adult Outpatient Care

*Pam Bennett*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$600,223</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>600</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$445,752</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>575</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$0</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>58</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

Currently, the Network consists of 93 clinicians serving within Summit & Wasatch counties and an additional 2,545 within the valley. General Services provided within Summit County include: Individual and group Counseling, Geriatric Psychiatry, Marriage and Family Therapy, School-Based Services, Medication Assisted Treatments, Medication Management, Neuropsychological Assessment, General Psychiatric Treatment, Child and Adolescent Psychiatric Treatment, General Psychology, Child and Adolescent Psychology, and Spanish Language Services.

In addition to Network Clinicians, Huntsman Mental Health Institute – Park City serves as the “backbone” provider for adult outpatient services. The services offered Huntsman Mental Health Institute – Park City include: Individual Therapy, Group Therapy, Psychiatric Evaluation, Crisis Care, and Psychiatric Medicaid Management.

Clients within the Network are able to access care Monday-Friday from 8am to 5pm at Huntsman Mental Health Institute – Park City (Open later for Groups) with additional network clinicians providing extended hours till 8pm Monday-Friday and reduced hours on Saturday and Sunday.

During the time of social distancing related protocols for COVID-19 tele-health therapy services were offered through Huntsman Mental Health Institute – Park City as well as through network clinicians and are expected to continue for the foreseeable future as they are a benefit to our more rural and isolated clients.

**Describe the approach to serving individuals with complex behavioral health presentations or who need multiple supports to remain in the community, including the programmatic approach**

**to serving individuals in the least restrictive level of care. Identify your proposed fidelity monitoring and outcome measures.**

Currently community-based services are provided for all clients, including high acuity clients, through our network clinicians. Care is coordinated through and provided by the Huntsman Mental Health Institute – Park City clinic where client needs are assessed and services are delivered. Services can include in-home case management, in-home peer support, mental health therapy, substance use disorder, medication management, care management, and coordination of care. Other services as needed are evaluated during weekly staffing meetings.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

NA

**Describe any significant programmatic changes from the previous year.**

NA

**Describe the programmatic approach for serving individuals in the least restrictive level of care who are civilly committed or court-ordered to Assisted Outpatient Treatment. Include the process to track the individuals, including progress in treatment.**

Outpatient care forms the backbone of serving Summit County clients in the least restrictive level of care possible. The [Huntsman Mental Health Institute – Park City](#) clinic serves the majority of Medicaid and [state](#) funded clients. Clients receive case management services in order to assist with maintaining at the lowest level of care given the member's acuity. The [University of Utah Health Plans](#) care management team tracks the civil commitments from Summit County and assists the inpatient facilities with discharge planning, which often includes services at the [Huntsman Mental Health Institute – Park City](#) clinic where they can be followed by the case management team and connected to community supports. Progress in treatment is tracked on an individual basis during multidisciplinary clinical team meetings and clinical coordinating meetings between [University of Utah Health Plans](#) and [Huntsman Mental Health Institute – Park City](#).

#### 6) Children/Youth Outpatient Care

*Leah Colburn*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$863,056</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>900</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$668,627</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>900</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$0</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>163</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. *Please highlight approaches to engage family systems.***

Services within the Network are divided amongst Network Clinicians, independent School-Based Contractors, and Huntsman Mental Health Institute – Park City. Services provided within the Network: Individual Therapy, Group Therapy, Family Therapy, School-Based Services, Medication Assisted Treatments, Psychiatric Evaluation, Medication Management, Neuropsychological Assessment, Treatment Related Classes, Child and Adolescent Psychiatric Treatment, Child and Adolescent Psychology, and Spanish Language Services.

**Individual Therapy:**

Individual therapy is offered on an outpatient basis for Summit County Children and Youth. Individual therapy can be accessed through the network of clinicians and is also offered in each of the Summit County schools. Over 300 students have been delivered individual therapy during the 2020-2021 school year in the school districts in Summit County. Additionally, children and youth may receive therapy services from any of the network clinicians, including clinicians at Huntsman Mental Health Institute – Park City. Occasionally students wishing to receive services outside of school for academic or extracurricular reasons are connected to outside services. Sometimes students due to level or acuity, comorbid conditions, or family situation may be best served outside of school, in this case the children are referred to the case management team at Huntsman Mental Health Institute – Park City and then they are referred to appropriate services.

**Group Therapy:**

Group therapy is available through the network clinicians and is also offered through the school system. Currently only Park City High School has requested group therapy and it was discontinued due to low enrollment and the COVID related service disruptions. The clients were referred to individual therapy. This will be monitored and assessed during FY23 for possible reinstatement.

**Outpatient Classes:**

Outpatient classes in partnership with network clinicians are offered.

Engagement of family systems occurs through wraparound services and programs such as Systems Of Care and Families First, primary care, the School-Based program and specific outpatient treatment plans include working with families to support positive outcomes and engagement outside of treatment. Referrals to parenting resources and classes through prevention. Huntsman Mental Health Institute – Park City is opening a youth Day Treatment program FY23/24 staffing dependent. This program will be modeled after the Huntsman Mental Health Institute's Teenscope program offered in Salt Lake City.

**Describe the approach to serving individuals with complex behavioral health presentations or who need multiple supports to remain in the community, including the programmatic approach to serving individuals in the least restrictive level of care. Identify your proposed fidelity monitoring and outcome measures.**

The School-Based therapy program in Summit County plays a large role in service delivery and early intervention for the children and youth of Summit County. As noted below the School-Based therapy program is going to be run through [Huntsman Mental Health Institute – Park City](#) starting during the school year 2022-2023. This will allow for a greater integration between the schools and the array of services (psychological, case management, psychiatric) offered through [Huntsman Mental Health Institute – Park City](#). The connection between the schools and [Huntsman Mental Health Institute – Park City](#) is important because the first warning signs of need for behavioral health services are often identified by the staff at the schools and so it is the best place for early intervention with the goal of reducing the severity of ongoing behavioral health issues for the client throughout their lifetime. In this way the Summit County approach to serving the children and youth in the least restrictive setting begins in the schools. We are working to extend into the home setting, through peer support services in

both Spanish and English, support to identified clients in order again, to minimize the acuity and trajectory of behavioral health issues. If the client needs increased support, we can provide psychological testing or even psychiatric services before we look at placement in a more restrictive setting.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

This July, School-Based programs will be transitioning from University of Utah Health Plans to Huntsman Mental Health Institute – Park City. This is being done to better serve the youth and to streamline access to services.

**Describe any significant programmatic changes from the previous year.**

This July, School-Based programs will be transitioning from University of Utah Health Plans to Huntsman Mental Health Institute – Park City. This is being done to better serve the youth and to streamline access to services.

#### 7) Adult 24-Hour Crisis Care

Nichole Cunha

Form A1 - FY23 Amount Budgeted:	Contracted - DSAMH to WBH	Form A1 - FY23 Projected clients Served:	600
Form A1 - Amount budgeted in FY22 Area Plan	Contracted - DSAMH to WBH	Form A1 - Projected Clients Served in FY22 Area Plan	200
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Served as Reported by Locals	0

Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and the criminal justice system. Identify what crisis services are provided and where services are provided and what gaps need to still be addressed to offer a full continuum of care to include access to a crisis line, mobile crisis outreach teams, and facility-based stabilization/receiving centers. Identify plans for meeting any statutory or administrative rule governing crisis services. For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners for services to include the Utah Crisis Line, JJS and other DHS systems of care, for the provision of crisis services.

FY22 saw an increase in the number of adults seeking crisis care. Adult Crisis Services are provided by the overall community network which includes Huntsman Mental Health Institute – Park City, Wasatch Behavioral Health, Latino Behavioral Health, Intermountain Healthcare, Peace House, and Network Clinicians overseen by University of Utah Health Plans. Services within the overall community network are coordinated collectively through the Summit County Behavioral Health Division and University of Utah Health Plans. Individuals which require crisis services are reported to both the Summit County Behavioral Health Division and University of Utah Health Plans for appropriate follow-up and recovery

care. When interactions involve the Mobile Crisis Outreach Team (MCOT), Wasatch Behavioral Health coordinates follow-up services.

**Huntsman Mental Health Institute – Salt Lake City:**

Crisis line services are provided 24 hours a day

Warm line staffed by peer support specialists provide additional support through HMHI (SLC), warm line peer support workers also support the Safe UT app.

Crisis line workers make referrals to Wasatch Behavioral Health for MCOT dispatch

**Huntsman Mental Health Institute – Park City:**

Crisis services are provided by both walk-in crisis care and crisis appointment scheduling

Monday-Friday, 8am-5pm. Additionally, [Huntsman Mental Health Institute – Park City](#) responds to all crisis calls within the Summit County Jail 24/7. (Spanish services available)

**Intermountain Healthcare-Hospital:**

Adult Crisis services are provided 24/7 in the emergency department and in coordination with the [Huntsman Mental Health Institute – Salt Lake](#) via tele-health to determine if transport to inpatient care is required or if hospital behavioral staff are able to stabilize. Prior to discharge, an action/safety plan is developed including setting up a follow-up appointment with either Intermountain Healthcare or a [University of Utah Health Plan's](#) Network Provider. (Spanish Provider Available)

**Intermountain Healthcare-Round Valley Clinic:**

Adult Crisis services are provided Monday-Saturday, 9am-8pm for both walk-in crisis care and crisis appointment scheduling. (Spanish Provider Available)

**Peace House:**

Adult female crisis services are available 24/7. Special consideration required for residential stay. (Spanish Provider Available)

**HUB Network Clinicians:**

The majority of clinicians provide 24/7 on-call services for clients in crisis and coordinate with either [Huntsman Mental Health Institute – Park City](#) or the [University of Utah Health Plan's](#) Clinical Director on post care. (Spanish Provider Available)

**Wasatch Behavioral Health - Mobile Crisis Outreach Team (MCOT):**

Summit and Wasatch Counties have entered into an interlocal agreement to contract with Wasatch Behavioral Health to operate a joint [Mobile Crisis Outreach Team \(MCOT\)](#) based out of Park City. Per the agreement, Psychiatric services are provided by Summit County along with 911 Dispatching and law enforcement coordination. All [Mobile Crisis Outreach Team \(MCOT\)](#) deployments are handled through the Summit County Dispatch Center (911).

Currently, there is one team providing coverage 6 days a week during the day. [Wasatch Behavioral Health has increased the starting salary to attract new staff to bring the Mobile Crisis Outreach Team \(MCOT\) program up to 24/7 operations, but due to the high cost of living in both counties, this is an ongoing problem. We are currently exploring the possibility of acquiring housing within either county and operate as a “firehouse” model, with one team working 5 days on and 5 days off, 24/7.](#)

Wasatch Behavioral Health, in addition to Huntsman Mental Health Institute – Park City, provides warm-line coverage.

**Latino Behavioral Health:**

Summit County and University of Utah Health Plans contracted with Latino Behavioral Health out of Salt Lake City to provide Spanish language crisis care as needed through an on-call clinician who is able to coordinate with local law enforcement and Mobile Crisis Outreach Team (MCOT). This is in addition to their expanded clinical and peer support services now offered in Summit County. It is the goal of Summit County to have at least one member of each Mobile Crisis Outreach Team (MCOT) be a native and/or clinical Spanish speaker.

**Describe your evaluation procedures for crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications is available if needed, please describe any areas for help that are required.**

Adults who are civilly committed have their care coordinated through [Huntsman Mental Health Institute – Park City](#) case managers. Those in court ordered services go through [Huntsman Mental Health Institute – Park City](#) clinic for services, they are not coordinated through [University of Utah Health Plans](#) per the contract with Summit County as the Local Authority.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

With the addition of Mobile Crisis Outreach Team (MCOT) and a return to normal tourist visitations, crisis service utilization is expected to increase in Summit County in relation to the increase in lodging numbers. As seen in the past, calls for crisis services have doubled during high tourist events such as Sundance and World Cup Competitions. During Sundance, it is estimated that the population of Summit County balloons from 40,000 to over 150,000 individuals. Based on monthly reports from Wasatch Behavioral Health, the Mobile Crisis Outreach Team (MCOT) is averaging 1.65 interaction a day either through dispatching or directed calls from 911 or the State Crisis Line.

**Describe any significant programmatic changes from the previous year.**

NA

**8) Children/Youth 24-Hour Crisis Care**

**Nichole Cunha**

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>Contracted - DSAMH to WBH</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>40</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>Contracted - DSAMH to WBH</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>40</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$0</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>2</b>

**Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and the criminal justice system. Identify what crisis services are provided, where services are provided, and what gaps need to still be addressed to offer a full continuum of care (including access to a Crisis Line, Mobile Outreach, Receiving Center and In-Home Stabilization Services). Include if you provide SMR services, if you are not an SMR provider, how do you plan to coordinate with SMR providers in your region? For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners, to include JJS and other DHS systems of care, for the provision of services to at-risk youth, children, and their families.**

CChild and Youth Crisis services are provided by the overall community network which includes [Huntsman Mental Health Institute – Park City](#), Intermountain Healthcare, Local Education Authorities, [Mobile Crisis Outreach Team \(MCOT\)](#), and clinicians in the [HUB Network Clinicians](#). Services within the overall community network are coordinated collectively through the Summit County Behavioral Health Division and [University of Utah Health Plans](#). Individuals which require crisis services are reported to both the Summit County Behavioral Health Division and [University of Utah Health Plans](#) for appropriate follow-up and recovery care.

**[Huntsman Mental Health Institute – Park City:](#)**

Child and Youth Crisis services are provided by both walk-in crisis care and crisis appointment scheduling Monday-Friday, 8am-5pm. (Spanish Provider Available)

**Intermountain Healthcare-Hospital:**

Child and Youth Crisis services are provided 24 hour a day in the emergency department in coordination with [Huntsman Mental Health Institute](#) - Salt Lake City via tele-health to determine if transport to inpatient care is required or if hospital behavioral staff are able to stabilize. Prior to discharge, an action/safety plan is developed including setting up a follow-up appointment with either Intermountain Healthcare or a HUB Network Provider. The Summit County Behavioral Health Division notified of individuals seen in the emergency department and coordinates follow-up as needed from school-based services. (Spanish Provider Available). SMR is not currently offered in Summit County.

**Intermountain Healthcare-Round Valley Clinic:**

Child and Youth Crisis services are provided Monday-Saturday, 9am-8pm for both walk-in crisis care and crisis appointment scheduling. (Spanish Provider Available)

**Local Education Authorities:**

School counselors work closely with assigned school-based service clinicians to address crises during school hours. Monthly meetings between [Local Education Authorities'](#) councilors, principals, superintendents [University of Utah Health Plan](#), and School-Based Clinicians allows for early identification of possible concerns and corresponding intervention to reduce the risk of needing a future crisis intervention. Meetings currently take place within all school districts. (Spanish Provider Available)

**HUB Network Clinicians:**

The majority of clinicians provide 24/7 on-call services for clients in crisis and coordinate with either [Huntsman Mental Health Institute – Park City](#) or the [University of Utah Health Plan's](#)

Clinical Director on post care. (Spanish Provider Available)

**Mobile Crisis Outreach Team (MCOT):**

Summit and Wasatch Counties have entered into an interlocal agreement to contract with Wasatch Behavioral Health to operate a joint [Mobile Crisis Outreach Team \(MCOT\)](#) based out of Park City. Per the agreement, Psychiatric services are provided by Summit County along with 911 dispatching and law enforcement coordination. Currently, there is one team providing coverage 6 days a week during the day. [Wasatch Behavioral Health has increased the starting salary to attract new staff to bring the Mobile Crisis Outreach Team \(MCOT\) program up to 24/7 operations, but due to the high cost of living in both counties, this is an ongoing problem. We are currently exploring the possibility of acquiring housing within either county and operate as a "firehouse" model, with one team working 5 days on and 5 days off, 24/7.](#)

**Latino Behavioral Health:**

[Summit County and University of Utah Health Plans contracted with Latino Behavioral Health out of Salt Lake City to provide Spanish language crisis care as needed through an on-call clinician who is able to coordinate with local law enforcement and Mobile Crisis Outreach Team \(MCOT\). This is in addition to their expanded clinical and peer support services now offered in Summit County. It is the goal of Summit County to have at least one member of each Mobile Crisis Outreach Team \(MCOT\) be a native and/or clinical Spanish speaker.](#)

**Describe your evaluation procedures for children and youth crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications is available if needed, please describe any areas for help that are required.**

Access is currently measured by if a client is identified who needs a service or a client requests a service and it cannot be provided. If that were to happen then [Huntsman Mental Health Institute – Park City](#) and [University of Utah Health Plans](#) would staff the case and determine how to provide the service(s) to the client.

[Huntsman Mental Health Institute – Park City](#) has daily crisis walk-in appointments available and the [Mobile Crisis Outreach Team \(MCOT\)](#) can be accessed through the crisis line. The [Mobile Crisis Outreach Team \(MCOT\)](#) will create a follow up plan depending on the needs of clients when they are called. Those receiving services are tracked using [Treatment Episode Data Sets](#), [Youth Outcomes Questionnaire/ Outcomes Questionnaire Assessments](#), and [Mental Health Statistical Improvement surveys](#).

There are many ways for children and youth to crisis intervention services--therapists in the schools make referrals, parents can engage the crisis line/ [Mobile Crisis Outreach Team \(MCOT\)](#) team and [Huntsman Mental Health Institute – Park City](#) can serve/assess and make referrals as well.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

[With the addition of Mobile Crisis Outreach Team \(MCOT\) and a return to normal tourist visitations, crisis service utilization is expected to increase in Summit County in relation to the increase in lodging numbers. As seen in the past, calls for crisis services have doubled during high tourist events such as Sundance and World Cup Competitions. During Sundance, it is estimated that the population of Summit County balloons from 40,000 to over 150,000 individuals.](#)

Describe any significant programmatic changes from the previous year.

NA

**9) Adult Psychotropic Medication Management**

*Pam Bennett*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$152,346</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>400</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$96,414</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>400</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$0</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>18</b>

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. *Please list any specific procedures related to continuity of medication management during transitions between from or between providers/agencies/level of care settings*

Medication management is provided by the overall community network which includes [Huntsman Mental Health Institute – Park City](#), Intermountain Healthcare, and Network Clinicians overseen by [University of Utah Health Plans](#).

[Huntsman Mental Health Institute – Park City](#): Serving as the backbone provider, the majority of medication management is provided by [Huntsman Mental Health Institute – Park City](#). [Huntsman Mental Health Institute – Park City](#) is staffed by a Psychiatrist, Dr. Stoddard, APRN ([Advanced Practice Registered Nurse](#)), Corey Cutler, who perform adult medication management services. Dr. Jason Hunziker provides medication management to the Summit County Jail as needed. The HUB Network, in partnership with the University of Utah College of Psychiatry [has hired a Spanish speaking psychiatrist and will be proving psychiatric rotation for three psychiatrists](#). Work also includes many clinicians in Salt Lake who will manage psychotropic medications.

**Intermountain Round Valley Clinic:**

Provided through an ongoing donation, medication management is provided at the Clinic, free of charge, for those in need or are on SelectHealth insurance.

**Network Clinicians:**

[Additional Advanced Practice Registered Nurses \(APRN\) and Medical Doctors \(MD\)](#) provide medication management through the Network within Summit and surrounding counties, allowing for expanded access to psychotropic medication management.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

As part of a new program with the University of Utah School of Psychiatry, medication management will be provided primarily by Psychiatrists resulting in a higher cost of care as was previously the case with the utilization of Advanced Practice Registered Nurses (APRN)

**Describe any significant programmatic changes from the previous year.**

NA

#### 10) Children/Youth Psychotropic Medication Management

*Leah Colburn*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$209,768</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>510</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$144,621</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>450</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$0</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>5</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. *Please list any specific procedures related to continuity of medication management during transitions between providers/agencies/level of care settings.***

Medication management is provided by the overall community network which includes [Huntsman Mental Health Institute – Park City](#), Intermountain Healthcare, and Network Clinicians overseen by [University of Utah Health Plans](#).

##### **Huntsman Mental Health Institute – Park City:**

Serving as the backbone provider, the majority of medication management is provided by [Huntsman Mental Health Institute – Park City](#). [Huntsman Mental Health Institute – Park City](#) is staffed by Psychiatrist Dr. Jason Hunziker for Children and Youth, and [Additional Advance Practice Registered Nurse \(APRN\)](#), Corey Cutler, who perform adult medication management services. The HUB Network also includes many clinicians in Salt Lake who will manage psychotropics. [Huntsman Mental Health Institute – Park City](#), in partnership with the [University of Utah College of Psychiatry](#) has hired a Spanish speaking psychiatrist and will be providing psychiatric rotation for three psychiatrists to serve in each Local Education Authority.

##### **Intermountain Round Valley Clinic:**

Provided through an ongoing donation, medication management is provided at the Clinic, free of charge, for those in need or are on SelectHealth insurance.

##### **HUB Network Clinicians:**

[Additional Advance Practice Registered Nurses and Medical Doctors](#) provide medication management through the Network within Summit and surrounding counties, allowing for expanded access to psychotropic medication management.

[Coordination with primary care if medication transition needs to occur or we continue these services for](#)

patients and do check-in in appts with therapy to ensure as often as possible that med mgmt. for psychopathology is treated in combination of clinical supports which is proven to be most effective and best patient care. Also track patient in higher levels of care to maintain medication at discharge and continually assess patient needs or med changes necessary in lower levels of care. Also in the reverse, we refer patients to higher level of care and communicate with inpatient programs about current meds prescribed.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

With the transition of school-based services from University of Utah Health Plans to Huntsman Mental Health Institute – Park City this coming July, access to increased psychiatric care will be provided.

**Describe any significant programmatic changes from the previous year.**

With the transition of school-based services from University of Utah Health Plans to Huntsman Mental Health Institute – Park City this coming July, access to increased psychiatric care will be provided.

#### 11) Adult Psychoeducation Services & Psychosocial Rehabilitation

*Pam Bennett*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$22,351</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>90</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$15,889</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>90</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$0</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>1</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

Psychoeducational Services and Psychosocial Rehabilitation services are provided through the Summit County Clubhouse which is in its [third](#) year of operations. [As of May 2022, the SCC has finished the renovations of their new home and will be in full operation for FY23.](#)

Individuals in need of these services are additionally referred to community clinicians as needed, often being referred through the [Huntsman Mental Health Institute – Park City](#). Case Management team or the University of Utah team.

**Describe how clients are identified for Psychoeducation and/or Psychosocial Rehabilitation services. How is the effectiveness of the services measured?**

Rehabilitation to individuals referred from local clinicians who have a history of mental health and substance abuse disorder. Upon referral, the prospective member is invited to Summit County Clubhouse for a tour and to see if the program is something they would like to be involved in. Effectiveness is measured in decreased hospital stays, decreased engagement with law enforcement, increased employment, engagement in positive social activities, and daily participation with the program.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

As the Summit County Clubhouse continues to grow, it has entered into an agreement with Wasatch Behavioral Health to allow for residents of Wasatch County to participate in its programs given the proximity of the clubhouse to the one located in Utah County. This has helped in increasing the number of active members at the Summit County Clubhouse. This, combined with a focus to enroll as many members in Medicaid as possible has led to a reduced need for state funding.

**Describe any significant programmatic changes from the previous year.**

The Summit County Clubhouse now has a permanent home.

## 12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation *Leah Colburn*

<b>Form A1 - FY23 Amount Budgeted:</b>	\$33,527	<b>Form A1 - FY23 Projected clients Served:</b>	30
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	\$23,833	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	30
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	\$0	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	5

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

Summit County Behavioral Health Division provides Psychoeducational Rehabilitation for children and families in the community in conjunction with the [Local Education Authority](#) through parenting classes (Guiding Good Choices & Primed For Life in English and Spanish) and School-Based organizations (Hope Squads in all three high schools, and Peer Leadership Programs in each middle school.) [University of Utah Health Plans](#) serves to coordinate with therapists and case managers, prevention team, Respite providers and [Familial Risk Factors](#) work to help youth improve coping skills, friendships, social functioning and parenting effectiveness. Individual, family and group classes help children and their families obtain skills to better function within the community.

**Describe how clients are identified for Psychoeducation and/or Psychosocial Rehabilitation services. How is the effectiveness of the services measured?**

Effectiveness is measured by decreased hospital stays, decreased engagement with law enforcement and school authorities, increased employment outcomes, increased social activities and daily participation in the program.

The goal in Summit County is that there are many pathways for entry for children and youth services. When a child participates in the school therapy program, they will receive the [Youth Outcomes Questionnaire](#) which will help indicate the need for Psychoeducation Services and Psychosocial Rehabilitation Services. When a Child or Youth is referred from a school counselor or the Spanish Language Coordinator then they may also be evaluated or after a brief case staffing, they may be

determined to be eligible for services.

Referrals will be made to the afterschool program, run by Latino Behavioral Health, through the parents or the schools.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

With the transition of school-based services from University of Utah Health Plans to Huntsman Mental Health Institute – Park City this coming July, access to increased care is anticipated.

**Describe any significant programmatic changes from the previous year.**

NA

### 13) Adult Case Management

*Pete Caldwell*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$30,049</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>800</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$27,143</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>800</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$0</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>3</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please include how you ensure each case management provider is certified to provide these services.**

Case management services are provided through [University of Utah Health Plans](#). Case management is an important part of the service continuum. The purpose of case management is to assist individuals with serious mental illness to access needed resources and coordinate care with other clinicians in order to be successful and improve their quality of life in the least restrictive setting possible. Case management works with mental illness but also assists with psychosocial problems such as housing, transportation, application/attainment of benefits, attainment of food, activities of daily living, medical appointments, education, employment, and other activities. In most cases, case managers work in conjunction with [University of Utah Health Plans](#) care managers, who oversee the full integration of behavioral health care with the client's physical health care.

All Case Managers are reviewed for current licensing and are registered for a service that monitors adverse actions or debarments with regards to ability to bill Medicaid. If an adverse action appears on the record of a network provider, their file will be reviewed for action by [University of Utah Health Plans](#) provider relations.

**Please describe how eligibility is determined for case management services. How is the effectiveness of the services measured?**

Eligibility for case management services is determined by clinicians at [Huntsman Mental Health](#)

Institute – Park City through DLA 20 (Daily Living Activities) and Social Determinants of Health screening tools as well as a complete biopsychosocial assessment. Areas assessed which tend to determine overall client's success in treatment are:

- Access to medical care
- Access to nutritious foods
- Access to clean water and functioning utilities
- Early childhood social and physical environment, including child care
- Education and health literacy
- Ethnicity and cultural orientation
- Familial and other social support
- Gender
- Housing and transportation resources
- Linguistic and other communication capabilities
- Neighborhood safety and recreational facilities
- Occupation and job security
- Other social stressors, such as exposure to violence and other adverse factors in the home environment
- Sexual identification
- Social status (degree of integration vs. isolation)
- Socioeconomic status
- Spiritual/religious values.

Clinicians make recommendations to case management services as part of a treatment plan. Effectiveness is measured in follow up case management services by reassessing with the same screening tools and finding improved outcomes..

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

NA

**Describe any significant programmatic changes from the previous year.**

NA

#### 14) Children/Youth Case Management

*Pete Caldwell*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$45,074</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>400</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$40,715</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>200</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$0</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>1</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please include how you ensure each case management provider is certified to provide these services.**

Child and Youth Case management services are provided through [Huntsman Mental Health Institute – Park City](#). Case management is an important part of the service continuum. The purpose of case management is to assist individuals with serious mental illness to access needed resources and coordinate care with other providers in order to be successful and improve their quality of life in the least restrictive setting possible. Case management works with mental illness but also assists with psychosocial problems such as housing, transportation, application/attainment of benefits, attainment of food, activities of daily living, medical appointments, education, employment, and other activities.

[Huntsman Mental Health Institute – Park City](#), as part of its compliance process, checks certifications when someone is a new hire and then rechecks continuously throughout employment. Certification must be kept current by all staff in order to work in a capacity that requires licensure..

**Please describe how eligibility is determined for case management services. How is the effectiveness of the service measured?**

Eligibility for case management services is determined by clinicians at [Huntsman Mental Health Institute – Park City](#) through DLA 20 ([Daily Living Activities](#)) and [Social Determinants of Health](#) screening tools as well as a complete biopsychosocial assessment. Areas assessed which tend to determine overall clients success in treatment are:

- Access to medical care
- Access to nutritious foods
- Access to clean water and functioning utilities
- Early childhood social and physical environment, including child care
- Education and health literacy
- Ethnicity and cultural orientation
- Familial and other social support
- Gender
- Housing and transportation resources
- Linguistic and other communication capabilities
- Neighborhood safety and recreational facilities
- Occupation and job security
- Other social stressors, such as exposure to violence and other adverse factors in the home environment
- Sexual identification
- Social status (degree of integration vs. isolation)
- Socioeconomic status
- Spiritual/religious values.

Clinicians make recommendations to case management services as part of a treatment plan. Effectiveness is measured in follow up case management services by reassessing with the same screening tools and finding improved outcomes.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

Increase numbers due to continued increase in school-based services and expansion of Huntsman Mental Health Institute – Park City's youth day treatment program and additional services now available through the Newport Academy (Located at the former Oakley School).

[https://www.newportacademy.com/?utm\\_source=google&utm\\_medium=organic&utm\\_campaign=oakley&utm\\_content=gmb](https://www.newportacademy.com/?utm_source=google&utm_medium=organic&utm_campaign=oakley&utm_content=gmb)

**Describe any significant programmatic changes from the previous year.**

N/A

#### 15) Adult Community Supports (housing services)

*Pete Caldwell*

<b>Form A1 - FY23 Amount Budgeted:</b>	\$0	<b>Form A1 - FY23 Projected clients Served:</b>	2
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	\$0	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	6
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	\$0	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	0

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

[University of Utah Health Plans](#), through [Healthy U. Behavioral](#), has a community partnership with Mountainlands Community Housing Trust in Park City to provide affordable housing options to qualified residents of Summit County. [Huntsman Mental Health Institute – Park City](#) case manager, [Family Peer Support Specialists](#), and therapist assist clients in applying and working toward low-income and independent housing as appropriate. All placements are done through coordination with case managers and Mountainlands Community Housing Trust. Evaluations are done on an ad hoc basis, to prioritize the clinical need for placement in each program. Program has not been used for several years, as such, should a resident be in need of this service, funding will be redirected as needed.

**Indicate what assessment tools are used to determine criteria, level of care and outcomes for placement in treatment-based and/or supportive housing? [Technical assistance is available through Pete Caldwell: \[pgcaldwell@utah.gov\]\(mailto:pgcaldwell@utah.gov\)](#)**

Appropriateness for referral for housing services (if available through community resources) is determined by clinicians at [Huntsman Mental Health Institute – Park City](#) through DLA 20 ([Daily Living Activities](#)) and [Social Determinants of Health](#) screening tools as well as a complete biopsychosocial assessment. Outcomes are determined by the case manager following the client in supportive housing and the client's ability to reintegrate after supportive housing. Referrals made to Mountainlands are based on a lottery system so that the housing options are awarded based on a priority waterfall model.

It should be noted, that due to the extreme cost of housing in Summit County, and the majority of low-income housing being reserved for ski resort employees on a seasonal basis, the Park City Community Foundation has determined in their FY22 study of housing that the minimum income for a one-bedroom apartment, allowing for only 1/3rd of a person's income to go towards a mortgage, a minimum income of \$200,000 a year is required. As of March 2022, the average home price in Summit

County was \$1.6m.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

It should be noted, that due to the extreme cost of housing in Summit County, and the majority of low-income housing being reserved for ski resort employees on a seasonal basis, the Park City Community Foundation has determined in their FY22 study of housing that the minimum income for a one-bedroom apartment, allowing for only 1/3rd of a person's income to go towards a mortgage, a minimum income of \$200,000 a year is required. As of March 2022, the average home price in Summit County was \$1.6m.

**Describe any significant programmatic changes from the previous year.**

N/A

**16) Children/Youth Community Supports (respite services)**

*Leah Colburn*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$5,000</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>2</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$0</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>1</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$0</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>0</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please identify how this fits within your continuum of care.**

Previously, respite services were provided by Jewish Family Services for youth. For FY23, they will no longer be providing this service as they focus on expanding respite services for seniors and their caretakers. Additionally, the extremely low utilization of this service has created a financial deficiency. Currently, University of Utah Health Plans is looking a provider willing to provide respite care in Summit County, however, we expect that this seldom utilized service will most likely have to be provided through the expanded network in Salt Lake, resulting in a need to allocate \$5,000 of State funding toward this for the first time. We have notified Eric Tadehara, Assistant Director, Office of Substance Use and Mental Health of this development and will be working with him as we move forward with reinstating this mandated service.

**Please describe how you determine eligibility for respite services. How is the effectiveness of the service measured?**

Case management services performed at [Huntsman Mental Health Institute – Park City](#) will make referrals to respite as needed.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

Previously, respite services were provided by Jewish Family Services for youth. For FY23, they will no longer be providing this service as they focus on expanding respite services for seniors and their caretakers. Additionally, the extremely low utilization of this service has created a financial deficiency. Currently, University of Utah Health Plans is looking a provider willing to provide respite care in Summit County, however, we expect that this seldom utilized service will most lily have to be provided through the expanded network in Salt Lake, resulting in a need to allocate \$5,000 of State funding toward this for the first time.

**Describe any significant programmatic changes from the previous year.**

Previously, respite services were provided by Jewish Family Services for youth. For FY23, they will no longer be providing this service as they focus on expanding respite services for seniors and their caretakers. Additionally, the extremely low utilization of this service has created a financial deficiency. Currently, University of Utah Health Plans is looking a provider willing to provide respite care in Summit County, however, we expect that this seldom utilized service will most lily have to be provided through the expanded network in Salt Lake, resulting in a need to allocate \$5,000 of State funding toward this for the first time.

**17) Adult Peer Support Services**

*Heather Rydalch*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$23,804</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>150</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$16,703</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>250</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$0</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>0</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

Certified Peer Support Specialists (PSSs) provide peer support services include a broad range of supporting services including Social Security, Dept. of Workforce Services, housing, and job search, and is certified by the Office of Substance Use and Mental Health. When Certified Peer Support Specialists work closely with case managers and therapists, clients have the best chance for full recovery. Psychosocial Rehabilitation Services can also be provided by Certified Peer Support Specialists to aid clients in building new skills or forgotten skills. Certified Peer Support Specialists offers services in house, in the jail, and throughout the community. Certified Peer Support Specialists work closely with the courts including Drug Court for additional support with high risk - high need clients.

Huntsman Mental Health Institute – Park City provides the majority of peer support services for behavioral health and has a full time Peer Support Specialist who also serves as a peer support. The services provided through Huntsman Mental Health Institute – Park City are coordinated with psychological services provided through Huntsman Mental Health Institute – Park City. University of Utah Health Plans employs a Family Peer Support Specialist, who works with the Spanish Speaking community. Marcella, the University of Utah Health Plans Family Resource Facilitator, helps families that are struggling with mental health issues and does an especially good job of helping families

navigate systems that can be difficult for Latinx families, including coordination of care.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served and number of services provided (15% or greater change).**

Summit County is planning on expanding the number of clinicians who are eligible to provide peer support services to residents so it is likely that the service utilization will also increase.

A new community fund has been established support individuals, especially graduates of the Summit County Drug Court program, as they undergo their Peer Support Specialist training and certification. It is the intent of the program to encourage the development of more local Certified Peer Support Specialists to serve in Summit County.

**Describe any significant programmatic changes from the previous year.**

Summit County is planning on expanding the number of clinicians who are eligible to provide peer support services to residents so it is likely that the service utilization will also increase.

A new community fund has been established support individuals, especially graduates of the Summit County Drug Court program, as they undergo their Peer Support Specialist training and certification. It is the intent of the program to encourage the development of more local Certified Peer Support Specialists to serve in Summit County.

#### 18) **Family** Peer Support Services

Tracy Johnson

Form A1 - FY23 Amount Budgeted:	\$35,705	Form A1 - FY23 Projected clients Served:	300
Form A1 - Amount budgeted in FY22 Area Plan	\$25,054	Form A1 - Projected Clients Served in FY22 Area Plan	120
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	0

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Describe how Family Peer Support Specialists will partner with other Department of Health & Human Services child serving agencies, including DCFS, DJJS, DSPD, and HFW.**

Children and Youth Peer Support Services are provided by a Family Peer Support Services (FPSS). The Family Resource Facilitator is contracted through ? and acts as an advocate for families and their children. The Family Peer Support Services (FPSS) is trained in Wraparound to fidelity and executes wraparound plans. These services are available to the community and do not require that they be opened as University of Utah Health Plans clients. The Family Peer Support Services (FPSS) participates as necessary with the staffing meetings and coordination of care. In addition, we work with wraparound programs like Systems of Care and Families First.

**Describe how clients are identified for Family Peer Support Specialist services. How is the effectiveness of the services measured?**

Clients are identified for [Certified Peer Support Specialists](#) after initial biopsychosocial screening and assessment as part of their treatment plan at the [Huntsman Mental Health Institute – Park City](#) clinic.

Clients may also be referred to PSS through [University of Utah Health Plans](#) if a client is not being seen through the [Huntsman Mental Health Institute – Park City](#) clinic. In the past, clients could also be referred to PSS through the school services.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served and number of services provided (15% or greater change).**

[With the expansion of Huntsman Mental Health Institute – Park City youth programs, this is an area expected to show growth.](#)

**Describe any significant programmatic changes from the previous year.**

NA

#### 19) Adult Consultation & Education Services

*Pam Bennett*

<b>Form A1 - FY23 Amount Budgeted:</b>	\$0	<b>Form A1 - FY23 Projected clients Served:</b>	
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	\$0	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	\$0	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

[University of Utah Health Plans](#) provides consultation and education services in a variety of ways. [Huntsman Mental Health Institute – Park City](#) staff and Network Clinicians are asked to present at various community events including community wide issues conferences, school groups, health fairs and other settings. Staff provide information on how to access services and information on how to access services and information on prevention of behavioral health problems. The Summit County Behavioral Health Division has regular spots on both Park City TV and KPCW in which various network clinicians are highlighted in accordance with the behavioral health topic being discussed.

Additionally, the Summit County Mental Wellness Alliance, CONNECT Summit County, the Summit County Health Department, Park City Municipal [Corporation](#), partner non-profits, [University of Utah Health Plans](#), school districts, and Summit County share Facebook and Twitter posts related to behavioral health care programs and services. Social media posts are developed in both English and Spanish.

Additional information and education on services provided is conducted by the non-profit CONNECT via their navigation services and provider database. <https://summit.ut.networkofcare.org/mh/>

Twice a year, the Latino Behavioral Health Committee hosts a Latino Behavioral Health Fair for all services within Summit County provided in Spanish. Event includes panel discussion and [Question](#)

Persuade Refer (QPR) training.
<b>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</b>
NA
<b>Describe any significant programmatic changes from the previous year.</b>
NA

## 20) Children/Youth Consultation & Education Services

*Leah Colburn*

<b>Form A1 - FY23 Amount Budgeted:</b>	\$0	<b>Form A1 - FY23 Projected clients Served:</b>	
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	\$0	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	\$0	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	

[University of Utah Health Plans](#) provides consultation and education services in a variety of ways. [Huntsman Mental Health Institute – Park City](#) staff and Network Clinicians are asked to present at various community events including community wide issues conferences, school groups, health fairs and other settings. Staff provide information on how to access services and information on how to access services and information on prevention of behavioral health problems. The Summit County Behavioral Health Division has regular spots on both Park City TV and KPCW in which various network clinicians are highlighted in accordance with the behavioral health topic being discussed. University of Utah Health Plans has been utilizing written media, in addition to KPCW and Park City TV, to provide information to children and youth. Additional focus has been on “swag” for school districts, provided by [the Behavioral Health Division](#), such as book bags, water bottles, and t-shirts with information about SafeUT, QPR, and school-based services. [University of Utah Health Plans](#) and local school districts have worked to increase awareness about school-based services through trainings for faculty and general information sent to parents.

[University of Utah Health Plans](#) participates in the Children’s Justice Center’s monthly meetings where we were able to consult on the active [Children’s Justice Center cases](#).

Additionally, the Summit County Mental Wellness Alliance, CONNECT Summit County, the Summit County Health Department, Park City Municipal, partner non-profits, HUB, school districts, and Summit County share Facebook and Twitter posts related to behavioral health care programs and services. Social media posts are developed in both English and Spanish.

Additional information and education on services provided is conducted by the non-profit CONNECT via their navigation services and provider database. <https://summit.ut.networkofcare.org/mh/>

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

N/A

**Describe any significant programmatic changes from the previous year.**

N/A

**21) Services to Incarcerated Persons**

*Pam Bennett*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$37,323</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>100</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$76,154</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>300</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$0</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>15</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider, and how you will coordinate with the jail to ensure service delivery is adequate.**

University of Utah Health Plans in collaboration with the Summit County Division of Behavioral Health, Summit County Attorney's Office, and the Summit County Sheriff Department has created a new program around behavioral health services for incarcerated persons. The program includes weekly consultation with a psychiatrist, social worker evaluations, and active case management. The goal is to manage mental illness better as individuals are incarcerated and to lower the risk of recidivism and risk to the community after individuals are no longer incarcerated.

**Describe how clients are identified for services while incarcerated. How is the effectiveness of the services measured?**

Clients are assessed while incarcerated by request of jail staff, courts and representing attorneys. Clinical staff from [Huntsman Mental Health Institute – Park City](#) will perform assessments in person or via tele-health in the jail, make treatment recommendations and report to courts and referral sources accordingly. Clients may be released to treatment through the courts. Treatment may include inpatient and outpatient referrals. The [Mobile Crisis Outreach Team](#), provides these same types of services for the jail and utilizes a similar process of assessment and possible transfer to treatment services. Effectiveness is measured by adherence and completion of recommended treatment reported by the HMHI team and translated to the courts via court letter to the judge. In addition, effectiveness is measured by follow up therapy when released from incarceration. HMHI will facilitate that transition in advance of a release date. [Huntsman Mental Health Institute – Park City](#) employs a therapist dedicated to groups and individual therapy in the jail 6-10 hours per week.

**Describe the process used to engage clients who are transitioning out of incarceration.**

Clients transitioning from incarceration are transferred into treatment programs, either through [Huntsman Mental Health Institute – Park City](#) outpatient services or inpatient treatment. Clients are engaged through assessment, treatment planning, goal setting and the use of supports, [Peer Support Specialists](#), case management services and referral to additional community supports. The services are initiated by the [Mobile Crisis Outreach Team](#) and [Huntsman Mental Health Institute – Park City](#). When appropriate, the [Summit County Probation Deputies](#) coordinate with the [Huntsman Mental Health Institute – Park City](#) team to ensure successful transition.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

Utilization of Mobile Crisis Outreach Team within the jail as with Wasatch Behavioral Health as part of the HUB Network as reduced cost of service by developing efficiencies in service delivery.

**Describe any significant programmatic changes from the previous year.**

NA

## 22) Adult Outplacement

*Pam Bennett*

Form A1 - FY23 Amount Budgeted:	\$0	Form A1 - FY23 Projected clients Served:	4
Form A1 - Amount budgeted in FY22 Area Plan	\$4,500	Form A1 - Projected Clients Served in FY22 Area Plan	4
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	0

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

The Summit County Recovery Foundation, a local 501c3, provides services to individuals transitioning back to the community through donations and grants from the Katz Amsterdam Foundation, Live PC Give PC, and the Marriott Daughters Foundation. These funds are utilized for services, supplies, and needed supports not covered by Medicaid to facilitate a successful community reintegration. They may be utilized to facilitate a successful community placement. They could be spent to provide housing, non-covered treatment costs or other community resources that may be needed for success in transition to a lower level of care.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

Outplacement support is now part of the Summit County Network and is provided by the The Summit Conty Recovery Foundation, a local 501c3.

**Describe any significant programmatic changes from the previous year.**

N/A

## 23) Children/Youth Outplacement

*Codie Thurgood*

Form A1 - FY23 Amount Budgeted:	\$0	Form A1 - FY23 Projected clients Served:	0
Form A1 - Amount budgeted in FY22 Area	\$0	Form A1 - Projected Clients Served in FY22 Area Plan	1

<b>Plan</b>			
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$0</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>0</b>
<b>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.</b>			
<p><a href="#">University of Utah Health Plans</a> provides services to youth transitioning back to the community. Funding of these services are paid out of other sources as needed. Due to low utilization of these services, should funding be required, it will be redirected through the Office of Substance Use and Mental Health (OSUMH) account modification process in KissFlow. These funds will be utilized to purchase services, supplies, and needed supports not covered by Medicaid to facilitate a successful community placement. They may be utilized to facilitate a successful community placement. They could be spent to provide housing, non-covered treatment costs or other community resources that may be needed for success in transition to a lower level of care</p>			
<b>Describe any significant programmatic changes from the previous year.</b>			
N/A			

#### 24) Unfunded Adult Clients

*Pam Bennett*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$6,958</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>300</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$10,000</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>250</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$0</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>74</b>
<b>Describe the activities you propose to undertake and identify specific populations where services are and are not provided. For each service, identify whether you will provide services directly or through a contracted provider.</b>			
<p><a href="#">University of Utah Health Plans</a> provides services to individuals residing in Summit County who are uninsured or underinsured. We require verification of income and then fees are set according to a sliding fee scale. Services include psychiatric evaluation, medication management, individual and group therapy and case management and skills services.</p> <p>For residents dealing with concerns related to immigration, Jewish Family Services, Christian Center of Park City, and Holy Cross Ministries, <a href="#">and Latino Behavioral Health</a> provide services in Spanish for uninsured or underinsured residents in need of care as part of the overall <a href="#">Summit County Network</a>.</p>			

**Describe [agency](#) efforts to help unfunded adults become funded and address barriers to maintaining funding coverage.**

When individuals apply for free or reduced cost services, they are encouraged by the intake team to apply for Medicaid if there is reason to believe that they will be successful in their application. Intake coordinators ask "is there a reason to believe you would not be eligible for Medicaid," this is asked in place of a referral. This has been found to be more effective for enrolling Spanish speaking clients. We do not track the number of individuals referred to Take Care Utah or who are advised to enroll in private insurance plans other than those that are participating in drug court. The referrals are simply made through the clinic as the resident is seeking services.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

While not a change in funding, the low allocation for this service and the high number of individuals served is due to a combination of connecting individuals to Medicaid, community non-profit support, and the services for unfunded clients being attributed to other types of services above.

**Describe any significant programmatic changes from the previous year.**

While not a change in funding, the low allocation for this service and the high number of individuals served is due to a combination of connecting individuals to Medicaid, community non-profit support, and the services for unfunded clients being attributed to other types of services above.

#### 25) Unfunded Children/Youth Clients

*Leah Colburn*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$6,958</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>275</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$10,000</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>250</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$0</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>169</b>

**Describe the activities you propose to undertake and identify specific populations where services are and are not provided. For each service, identify whether you will provide services directly or through a contracted provider.**

[University of Utah Health Plans](#) provides services to individuals residing in Summit County who are uninsured or underinsured. We require verification of income and then fees are set according to a sliding fee scale. Services include psychiatric evaluation, medication management, individual and group therapy and case management and skills services.

Children and Youth who are unable to pay for services qualify for [state unfunded service dollars](#) are

eligible for the school-based counseling program which is run through [University of Utah Health Plans](#) and uses independent contractor therapists to provide services in every school in Summit County. (For the first. Time.) Individual and group therapy is offered through the school-based counseling program.

For families dealing with concerns related to immigration, Jewish Family Services, Christian Center of Park City, and Holy Cross Ministries, and [Latino Behavioral Health](#) provide services in Spanish for uninsured or underinsured residents in need of care as part of the overall [Summit County Network](#).

**Describe [agency](#) efforts to help unfunded youth and families become funded and address barriers to maintaining funding coverage.**

When individuals or families apply for free or reduced cost services they are encouraged by the intake team to apply for Medicaid if there is reason to believe that they will be successful in their application.

Vail Epic Care program provides BH services for employees as well as people living with employees, including non-family members.

**Barriers:** Summit County, in partnership with [University of Utah Health Plans](#) and local non-profits, have established a means to allow families to maintain behavioral health treatment through utilization of specific donor gifts to nonprofits and the general Summit County Community Wellness Fund overseen by the [Park City Community Foundation](#) which is available to families in need, thus ensuring continuation of behavioral health services. We do not track the number of individuals referred to Take Care Utah or who are advised to enroll in private insurance plans other than those that are participating in drug court. The referrals are simply made through the clinic as the resident is seeking services.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

[While not a change in funding, the low allocation for this service and the high number of individuals served is due to a combination of connecting individuals to Medicaid, community non-profit support, and the services for unfunded clients being attributed to other types of services above.](#)

**Describe any significant programmatic changes from the previous year.**

[While not a change in funding, the low allocation for this service and the high number of individuals served is due to a combination of connecting individuals to Medicaid, community non-profit support, and the services for unfunded clients being attributed to other types of services above.](#)

## 26) Other non-mandated Services

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$0</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>0</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$0</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>0</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$0</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>0</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

University of Utah Health Plans and the Behavioral Health Division have expanded court ordered services issued at the Justice Court level. Services are provided by Huntsman Mental Health Institute – Park City through a separate service contract with Summit County. Services provided are the same as conducted at the District Court level.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

N/A

**Describe any significant programmatic changes from the previous year.**

N/A

## 27) First Episode Psychosis Services

*Jessica Makin*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$25,000</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>5</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$0</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>0</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>		<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

All First Episode Psychosis Services are provided by Huntsman Mental Health Institute – Salt Lake or Huntsman Mental Health Institute – Park City in coordination with Huntsman Mental Health Institute – Salt Lake, with the intent to expand to Huntsman Mental Health Institute – Park City if demand justifies the expansion of services. First episode psychosis clients will be discussed in staffing meetings and treatment will be tailored to reducing the trajectory and acuity of the condition over the course of the client's lifetime as well as preparing the client for managing their condition in order to reduce the overall impact to their life.

**Describe how clients are identified for FEP services. How is the effectiveness of the services measured?**

During the intake process, clients are screened and then tracked during the first onset of psychotic symptoms as young as age 13. Clients will be monitored for the first onset of psychosis so services can be determined when to start. Initial screening tools that most clinicians can administer without training called the PRIME screener out of the Yale Medical school PRIME group are used and helps in determining early signs of psychosis. Young people and their families will receive specialized support and monitoring during this critical time. If a clinician has a clinical indication of the presence of psychosis then they can administer the PRIME screening to help identify psychotic symptoms.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

Year 1 of program

**Describe any significant programmatic changes from the previous year.**

N/A

## **28) Client Employment**

*Sharon Cook*

**Increasing evidence exists to support the claim that competitive, integrated and meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness.**

**In the following spaces, please describe your efforts to increase client employment in accordance with Employment First 62A-15-105.2**

**Competitive, integrated and meaningful employment in the community (including both adults and transition-aged youth).**

Assigned Case managers help with employment placement services. It should be noted that given the highly seasonal jobs environment, it is now common for individuals to be without work for upwards of 5 months during “shoulder seasons” in which the resorts, galleries, restaurants and outfitters are closed. (September, October, November, April, May)

Clients, upon recommendation, have access to year-round employment due to support from Home Depot, Park City Municipal, Summit County, and Squatters Roadhouse.

The new Summit County High Valley Transit District has begun a program in which they will provide training to any individual with a mental health or substance use diagnosis, with the offer of employment upon completion. This program is currently being offered to members of the Summit County Clubhouse and is being offered to participants of the Drug Court Program, with future expansion of the program planned.

**The referral process for employment services and how clients who are referred to receive employment services are identified.**

Case Managers at [Huntsman Mental Health Institute – Park City](#), following the screening process reported in Form A questions 13 and 14 (case management screening/assessment tools) [above](#), work with clients and the Department of Workforce services as well as our community partner, The Summit County Clubhouse, to support employment services for clients.

**Collaborative employment efforts involving other community partners.**

[University of Utah Health Plans](#) works in collaboration with Vocational Rehabilitation and Department of Workforce Services to access supports and services for clients that desire gainful employment but have barriers due to mental health or substance use issues, work with case managers and are often referred to Vocational Rehab. The Behavioral Health Division works with local resorts and ancillary businesses to establish relationships for referred employment. Summit County CONNECT, Jewish Family Service, Clubhouse, Christian Center of Park City, and the Health Department also provide access to employment opportunities.

**Employment of people with lived experience as staff through the Local Authority or**

#### subcontractors.

Much of employment throughout the [University of Utah Health Plans](#) system cannot track lived experience due to employment law and HR regulations. However, some community partners such as CONNECT Summit County and Summit County Clubhouse do hire partly based on lived experience criteria. Currently there are three individuals working in [Peer Support Specialists](#) roles who have lived experience as part of their work requirements.

#### Evidence-Based Supported Employment.

The Summit County Clubhouse provides evidence-based employment support to adults with a mental health diagnosis.

### 29) Quality & Access Improvements

#### Identify process improvement activities:

**Evidence Based Practices:** [In this section please describe the process you use to ensure fidelity to EBPs. Attach a list of EBPs in the attachment section.](#)

The following modalities are utilized within the Network:

- Trauma Focused Cognitive Behavioral Therapy
- [Acceptance and Commitment Therapy](#)
- [Process Based Therapy](#)
- Life Skills Training
- Cognitive Behavioral Therapy
- Motivational Interviewing
- Medication Management
- OQ/YOQ ([Outcomes Questionnaire/ Youth Outcomes Questioner](#))
- School-based Treatment
- EMDR ([Eye Movement Desensitization Reprocessing Therapy](#))
- Seeking Safety

[Huntsman Mental Health Institute – Park City](#) will be participating in the Zero Suicide initiative, along with the County's partnership with the National Health Service – Scotland on implementing Choose Life (Renamed Hope Elevated for Summit County).

All Network Clinicians participate in continuing education to maintain licensure and to develop new skills. HMHI sponsors and hosts many conferences and trainings in specific modalities each year. Additionally, supervision is offered through the clinic where regular staffing meetings are held.

**Outcome Based Practices:** [Identify the metrics used by your agency to evaluate client outcomes and quality of care.](#)

The [Performance Improvement Plan \(PIP\)](#) is focused on improving the [Healthcare Effectiveness Data and Information Set \(HEDIS\)](#) and the [Follow-Up after Hospitalization \(FUH\) Measure](#). This measure is vital because it tracks those that have been released from inpatient psychiatric stays and whether they have received outpatient services within 7 and 30 days of discharge. Receiving outpatient services, in a timely manner, after discharge from an inpatient psychiatric stay is shown to reduce cost through lower readmission rates and also increase wellbeing by having a successful transition for individuals back into the community.

**Service Capacity:** [Systemic approaches to increase access in programs for clients, workforce](#)

## recruitment and retention, Medicaid and Non-Medicaid funded individuals, client flow through programming

With the transition to a network model, the overall enrollment within Medicaid has increased substantially, changing the monthly average of below 200 individuals to ~2,400 per month. If Summit County remained in a staffed model of service, this increase would not have been able to be served. When transitioned, Summit County went from 4-6 clinicians taking Medicaid reimbursement to over 90, thus increasing the capacity for Medicaid services.

With respect to workforce recruitment, the Summit County Mental Wellness Alliance, a community-based coalition focused on issues related to behavioral health and arm of the Park City Community Foundation (PCCF), in partnership with the Katz Amsterdam Foundation, the Behavioral Health Division, Jewish Family Services, Holy Cross Ministries, CONNECT Summit County, and the University of Utah, have been in development of localized incentive programs to both encourage youth, especially Spanish speakers, to enter into the profession. Examples include the development of a licensing prep class for native Spanish speakers, development of school grants for individuals going into the field, and new work on addressing issues of housing. (Current median home price is \$1.9million)

**Efforts to respond to community input/need. Describe your participation with key community partners (e.g.: Multi-Agency Coordinating Committees, Regional Advisory Councils, High Fidelity Wraparound teams, Local Interagency Councils, Local Recovery Community, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts, Regional Healthcare Coalitions, [Local Homeless Councils](#), and other partnership groups relevant in individual communities).**

HUB meets monthly with the Summit County Behavioral Health Executive Committee, which serves as the Local Authority as appointed by the Summit County Council, on issues related to behavioral health. Membership includes local elected leadership, Intermountain Healthcare, Latinx community, non-profits, network clinicians, Summit County Sheriff's Office, Summit County Attorney's Office, and the Summit County Health Department. This Committee reviews metrics established within the contract to identify areas to be improved upon and provide support.

[University of Utah Health Plan's](#) also serves on several Summit County Mental Wellness Alliance committees such as:

- Latinx Behavioral Affairs Committee
- Behavioral Health Fundraising Committee
- Community Behavioral Health Assessment Committee
- Superintendents Committee for Behavioral Health (School Districts)
- Aging and Advocacy Coalition
- First Responder Committee (Expanded JRI Committee)
- Hope Elevated (Suicide Prevention Committee)

Participation with these committees provides for direct feedback from community partners related to behavioral health.

Twice a year, the Division of Behavioral Health, along with CONNECT, conducts a Network Provider meeting to ensure terms of the contract are being met and that clinicians are receiving the support and resources needed to provide the highest level of care for residents. Issues brought up are discussed with solutions being developed and improvement plans implemented with [Healthy U. Behavioral](#).

Clients are also able to give feedback through the [Mental Health Statistical Improvement survey](#).

This past fall, the Behavioral Health Division conducted a community assessment. The goal of this assessment is to gauge what improvements to behavioral health services and understanding have taken place over the past four years within the community and to identify new gaps and areas of improvement. Conducted as both a targeted sample conducted by PRC, a medical research company, via telephone interviews, a community online assessment, and multiple community focus groups, the results of the assessment was compiled into the annual report and are being used to guide the development and update to the Summit County Behavioral Health Strategic Plan (*Formerly the Summit County Mental Wellness Strategic Plan*) and approved by the Summit County Council.

#### **Describe Coalition Development efforts**

Summit County has developed a strong community coalition of community partners in developing the Summit County Behavioral Health Strategic Plan (*Formerly the Summit County Mental Wellness Strategic Plan*) and corresponding Summit County Mental Wellness Alliance which remains the primary behavioral health community organization.

**Telehealth:** How do you measure the quality of services provided by telehealth? Describe what programming telehealth is used in.

[University of Utah Health Plan's](#) contracted providers are utilizing telehealth services and intend to continue to do so given the benefit it has provided to our rural and isolated populations. We have a strong network for school-based services using telehealth at this time, along with our outpatient services.

**Describe how you are addressing maternal mental health in your community. Describe how you are addressing early childhood (0-5 years) mental health needs within your community. Describe how you are coordinating between maternal and early childhood mental health services. Technical assistance is available through Codie Thurgood: [cthurgood@utah.gov](mailto:cthurgood@utah.gov)**

In partnership with the Summit and Wasatch County Early Intervention program ([Utah Department of Health's funded Early Intervention, not to be confused with the Utah Department of Human Services' funded Early Intervention program, both of which are referred to as EI.](#)) run out of the Summit County Health Department, Early Intervention clients have both telehealth and in-home access to a contracted psychologist and [Licensed Clinical Social Worker](#). This program is funded jointly by the Summit County Health Department and the Katz-Amsterdam Foundation. Where possible, Medicaid is billed. In cases where Medicaid is unable to be billed for these services, community donations support a scholarship fund to continue these services until such time as State funding is approved by the legislature. Early Intervention includes pre-natal mental health services to support maternal mental health. For program participants located within Wasatch County, Wasatch Behavioral Health serves as the agency of referral.

#### **Other Quality and Access Improvement [Projects](#) (not included above)**

N/A

### **30) Integrated Care**

*Pete Caldwell*

**Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.**

[University of Utah Health Plans](#) is an [Accountable Care Organization \(ACO\)](#) so many Medicaid

members have a de facto integrated Medicaid plan with [University of Utah Health Plans](#) as their physical Medicaid [Accountable Care Organization \(ACO\)](#). [University of Utah Health Plans](#) also has a good relationship with the other three [Accountable Care Organizations \(ACO\)](#). We are working on the integrated pilot program along the Wasatch Front, and taking those lessons learned to improve in Summit County. Also, we are taking our relationships with the surrounding counties to collaborate further and work on ways to improve access and services.

[University of Utah Health Plans](#) and the Division of Behavioral Health, which is a part of the Summit County Health Department, have a strong working relationship. Through weekly meetings with the Director of Behavioral Health and participation in Mental Wellness Alliance committees, [Healthy U. Behavioral](#) is a well-regarded partner for our community. We are truly grateful to have them here.

**Describe your efforts to integrate care and ensure that children, youth and adults have both their physical and behavioral health needs met, including screening and treatment and recovery support. Identify what you see as the primary barriers to implementing integrated care at your agency and your efforts to overcome those barriers. Please also describe how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).**

[University of Utah Health Plans](#) oversees both Mental Health and Substance Use Disorder treatments within the Network. It also includes Care Managers who work with individuals on coordinating physical and behavioral health services to best integrate care and prevent redundancy or holes in care. [University of Utah Health Plan](#) has the advantage of being an [Accountable Care Organization \(ACO\)](#), so we have a large nursing care management team that excels in behavioral and physical care management.

One of the main benefits of the ACO Network Model is the preexisting integration offered between behavioral and physical healthcare. As such, there are no barriers to integration.

**Describe your efforts to incorporate wellness and wellness education into treatment plans for children, youth and adults. Please consider social determinants of health in your response.**

The [Huntsman Mental Health Institute – Park City](#) clinic offers engagement in programs like Fit to Recover (recovery-based wellness), trauma informed yoga through the PC Yoga Collective and Tall Mountain Wellness, care management services through the University of Utah Health network and case management and [Psycho-Social Support](#) services used to consistently assess client need over the course of their engagement in treatment.

**Quality Improvement: What education does your staff receive regarding health and wellness for client care including children, youth and adults?**

Whenever any [University of Utah Health Plan](#) member has a significant physical health problem, they are referred to our care management team for referrals and education regarding wellness programs and physical health concerns. This allows for a smooth continuum of care between behavioral and physical health care. Staff are trained in a learning module to assess and understand SDOH. Staff also choose continuing education opportunities based on their interests. Staff are encouraged to attend conferences such as Generations and Critical issues which provide many opportunities to learn about different client care issues.

**Describe your plan to reduce tobacco and nicotine use in SFY 2023, and how you will maintain a nicotine free environment as a direct service or subcontracting agency. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the Fagerstrom scale. SUD Target= reduce tobacco and nicotine use by 4.8%.**

[University of Utah Health Plans](#) Providers do not allow the use of tobacco products within 25 feet of the facilities, and individuals who wish to stop using tobacco products are referred to the National Jewish Health quit line for one on one coaching, support services, and nicotine replacement therapy. We coordinate prevention work with the Summit County Health Department.

**Describe your efforts to provide [mental health services](#) for individuals with co-occurring mental health and autism and other intellectual/developmental disorders. [Please identify an agency liaison for OSUMH to contact for IDD/MH program work.](#)**

[University of Utah Health Plans](#) provides mental health services for children and coordinates with the waiver services, and for adults we provide the mental health services and refer to the Summit County Clubhouse for additional support services.

[Please make all communications referring to IDD to Nelson Clayton.](#)

### 31) Children/Youth Mental Health Early Intervention

[Leah Colburn/Tracy Johnson](#)

**Describe the Family Peer Support activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. For those not using MHEI funding for this service, please indicate "N/A" in the box below.**

University of Utah Health Plans contracts with Allies with Families to provide a Family Peer Support Specialist (FPSS) with wraparound services. Our [FPSS](#) is providing 20 hours per week to the community. Services are provided in family homes or community settings. University of Utah Health Plans also participates in the Multidisciplinary Task Force and collaborates with [Division of Child and Family Services and Children's Justice Center](#), [Division of Services for People with Disabilities \(DSPD\)](#), and other social services..

**Include expected increases or decreases from the previous year and explain any variance over 15%.**

NA

**Describe any significant programmatic changes from the previous year.**

NA

***Do you agree to abide by the Mental Health Early Intervention Family Peer Support Agreement? YES/NO***

Yes

### 32) Children/Youth Mental Health Early Intervention

[Leah Colburn/Nichole Cunha](#)

**Describe the *Mobile Crisis Team* activities you propose to undertake and identify where services are provided. *Please note the hours of operation.* For each service, identify whether you will provide services directly or through a contracted provider. For those not using MHEI funding for this service, please indicate "N/A" in the box below.**

[Summit County, in collaboration with Wasatch County, have entered into an interlocal agreement for the](#)

operations of a regional Mobile Crisis Outreach Team (MCOT). Contracted through Wasatch Behavioral Health, the team is housed at the Summit County Richin's Building in Kimball Junction as it was determined to be the most central location for responding in under an hour to all populated areas of both Summit and Wasatch Counties. MCOT hours of operation fluctuate based on the time of year (Winter/Summer vs. Fall/Spring) and if there is a large-scale event such as Sundance or World Cup Competitions. Our goal is to have 24/7, but staffing remains an issue due to the high cost of living.

Child and Youth Crisis services are provided by the overall community network which includes [Huntsman Mental Health Institute – Park City](#), Intermountain Healthcare, Local Education Authorities, and Network Clinicians overseen by [University of Utah Health Plans](#). Services within the overall community network are coordinated collectively through the Summit County Behavioral Health Division and HUB. Individuals which require crisis services are reported to both the Summit County Behavioral Health Division and [University of Utah Health Plans](#) for appropriate follow-up and recovery care.

**Huntsman Mental Health Institute – Park City:**

Child and Youth Crisis services are provided by both walk-in crisis care and crisis appointment scheduling Monday-Friday, 8am-5pm. (Spanish Provider Available)

**Intermountain Healthcare-Hospital:**

Child and Youth Crisis services are provided 24 hour a day in the emergency department in coordination with [Huntsman Mental Health Institute – Salt Lake](#) via tele-health to determine if transport to inpatient care is required or if hospital behavioral staff are able to stabilize. Prior to discharge, an action/safety plan is developed including setting up a follow-up appointment with either Intermountain Healthcare or a HUB Network Provider. The Summit County Behavioral Health Division notified of individuals seen in the emergency department and coordinates follow-up as needed from school-based services. (Spanish Provider Available)

**Intermountain Healthcare-Round Valley Clinic:**

Child and Youth Crisis services are provided Monday-Saturday, 9am-8pm for both walk-in crisis care and crisis appointment scheduling. (Spanish Provider Available)

**Local Education Authorities:**

School counselors work closely with assigned school-based service clinicians to address crises during school hours. Monthly meetings between [Local Education Authority](#) councilors, Principals, Superintendents, [University of Utah Health Plans](#), and School-Based clinicians allows for early identification of possible concerns and corresponding intervention to reduce the risk of needing a future crisis intervention. Meetings currently take place within all school districts. (Spanish clinicians available)

**HUB Network:**

The majority of clinicians provide 24/7 on-call services for clients in crisis and coordinate with either [Huntsman Mental Health Institute – Park City](#) or the [University of Utah Health Plans Clinical](#) Director on post care. (Spanish clinician available)

**Include expected increases or decreases from the previous year and explain any variance over 15%.**

NA

**Describe any significant programmatic changes from the previous year.**

NA

**Describe outcomes that you will gather and report on. Include expected increases or decreases from the previous year and explain any variance over 15%.**

University of Utah Health Plans will report on the crisis services that it manages through its contracted providers

### 33) Children/Youth Mental Health Early Intervention

*Leah Colburn/Scott Eyre*

**Describe the School-Based Behavioral Health activities you propose to undertake. Please describe how you intend to support family involvement in treatment. For each service, identify whether you will provide services directly or through a contracted provider. Please include: any partnerships related to 2019 HB373 funding and any telehealth related services provided in school settings. For those not using MHEI funding for this service, please indicate "N/A" in the box below.**

Currently, all school-based services are provided through independent contractors who are licensed therapists and work in the schools. Beginning in the coming Fall, Huntsman Mental Health Institute – Park City will be transitioning to oversee the school-based clinician. By being independent, contracted clinicians, clinicians are available at each school and operate on a salaried payment model and are available to faculty and staff for advice as needed in addition to providing treatment and assessments. We continue to see increased utilization due to consistent access. In order to participate in the school-based therapy program students must have a signed consent form from their parents or guardians. Families are always invited to participate in therapy and are given updates by the therapist working with the students. Group therapy is also offered, however the only school that has utilized group therapy has been Park City High School. Currently, HB 373 funding is being used by Local Education Authorities to provide additional nursing care and has yet to be utilized to expand behavioral health. That said, Local Education Authorities continue to receive community donations to maintain the expansion of behavioral health services provided by University of Utah Health Plans in Eastern Summit County. This includes the funding of three Licensed Clinical Social Worker and one psychologist.

**Include expected increases or decreases from the previous year and explain any variance over 15%.**

N/A

**Describe any significant programmatic changes from the previous year and include a list of the schools where you plan to provide services for the upcoming school year. (Please email Leah Colburn [lacolburn@utah.gov](mailto:lacolburn@utah.gov) a list of your FY23 school locations.)**

Therapists have been stationed at each school each week. This reliable schedule and more direct relationship with schools has led to an increase in referrals to therapy. The schools that have had a therapist at their school are:

- North Summit High School
- North Summit Middle School
- North Summit Elementary
- Jeremy Ranch Elementary
- Parley's Park Elementary
- Treasure Mountain Junior High

- McPolin Elementary
- Trailside Elementary
- Winter Sports School
- Ecker Hill Middle School
- Park City High School
- Park City Learning Academy
- Weilenmann School of Discovery
- South Summit Middle School
- South Summit Elementary
- South Summit High School
- South Summit Middle School
- Silver Summit Elementary
- Silver Summit High School

Since school was suspended during the 2019-2020 school year all school-based services have been delivered via video conference or via telephone. New referrals continue to be made.

**Please describe how you plan to collect data including MHEI required data points and YOQ outcomes in your school programs. Please identify who the MHEI Quarterly Reporting should be sent to, including their email.**

The first year of implementation we will be evaluating utilization data and we will work with the school districts to see if there is relevant school centered data that could be useful in evaluating the program such as absenteeism rates or possibly disciplinary rates. We will also utilize the [Mental Health Statistics Improvement Program \(MHSIP\)](#) to provide feedback to the program.

### 34) Suicide Prevention, Intervention & Postvention

Carol Ruddell

**Identify, define and describe all current strategies, programs and activities in place in suicide prevention, intervention and postvention. Strategies and programs should be evidence-based and align with the Utah State Suicide Prevention Plan. For intervention/treatment, describe your policies and procedures for suicide screening, risk assessment, and safety planning as well as suicide specific treatment and follow up/care transition services.** Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured? Include the evaluation of the activities and their effectiveness on a program and community level. If available, please attach the localized agency suicide prevention plan or link to plan.

#### **Prevention:**

Suicide prevention programs are run through the Summit County Health Department Office of Health Education in conjunction with the Behavioral Health Division and the Summit County Mental Wellness Alliance.

The action plan provides a summary of the actions that the Hope Elevated committee of the Summit County Mental Wellness Alliance are currently pursuing for the [2022-2023](#) year. This plan is updated each Spring. Due to the Public Health Emergency, this conversation has not taken place, but is expected to this fall.

### **Suicide Prevention Programs:**

- **Question Persuade Refer (QPR):**

§ Summit County Health Department has partnered with community members and groups to provide Suicide Prevention trainings. We have reached 100 students in the South Summit School District. We continue to offer Question Persuade Refer (QPR) trainings virtually and have a few scheduled in May.

- **Working Minds:**

§ our Summit County Health Department has 2 staff trained in Working Minds Suicide Prevention training and assisted the State Suicide Prevention Coalition in providing a training to 10 people.

- **THRIVE:**

§ THRIVE is a life skills and prevention program that utilizes evidence-based practices from positive and clinical psychology that help youth cultivate mental, emotional, and physical well-being. The program avails participants with the necessary preventative skills to thrive as individuals while preparing them to feel resilient, strong, hopeful, and with a sense of self-awareness that will help them succeed in life. The THRIVE program works with small groups of students in cohorts of 10-15 students. Students learn, practice, and apply evidence-based well-being skills. Program outcomes include:

- Helping youth be proactive in boosting their overall well-being.
- Decrease symptoms of depression, anxiety, and suicidality.
- Increase self-awareness, problem-solving, coping and relationship skills.
- Develop a sense of belonging and connectedness.
  - Increase levels of overall joy.
  - Give our local youth resources that will last them a lifetime.

### **Priorities:**

In conjunction with other Katz Amsterdam Communities (a coalition of 17 ski resort communities which conduct the same assessments focused on behavioral health indicators to provide a better comparison to peer communities.), conduct and publish a needs assessment so we can improve our understanding of the data relating to suicide, identify any trends and understand what interventions work in terms of suicide prevention and how they apply within the environment unique to ski resort communities.

Continue to deliver training in the suite of programs which address mental health and wellbeing and suicide awareness and prevention with community partners such as CONNECT, school districts, [University of Utah Health Plans](#), Holy Cross Ministries, the Latinx Affairs Committee, etc. Examples include QPR ([Question Persuade Reefer in English & Spanish](#)), Mental Health First Aid, SafeUT, U of U Health Suicide training for clinicians, film screenings, and [STORM suicide prevention program](#).

Promote a broader awareness around the importance of listening and talking both in relation to mental wellbeing and suicide prevention by using social media to support campaigns such as Mental Health Awareness Monty (CONNECT) and Suicide Prevention Week ([Local Education Authorities](#)) which attract a local press and social media presence.

Ensure all programs and materials are alliable in both English and Spanish. Continue the targeted and culturally based approach in connecting and educating the Spanish speaking community.

Expand HOPE Squads from high schools to junior and middle schools.

Implementation of the Thrive program in all three LEAs in Summit County. Thrive is a new evidence-based program developed by the University of Utah and is being supported by the Live Like Sam Foundation.

Ensure HOPE Squads in North and South Summit School Districts remain active with the loss of Alyssa Mitchell to the Office of Substance Use and Mental Health (OSUMH).

#### **Intervention:**

All [Huntsman Mental Health Institute](#) clinicians have been trained in U of U Health Suicide recognition and utilize the Stanley-Brown Safety Plan as needed. (A safety plan is a document that supports and guides someone when they are experiencing thoughts of suicide, to help them avoid a state of intense suicidal crisis. The Stanley-Brown Safety Plan is viewed as one of the standards for safety plans). The Behavioral Health Division is notified in most cases of suicide attempts seen by the Park City Hospital and network partners. This information is shared with HUB which assigns a Network Clinicians, generally [Huntsman Mental Health Institute – Park City](#) for follow-up.

With the addition of a [Mobile Crisis Outreach Team](#), Summit County still prefers to dispatch members of the Summit County Sheriff's Office Probation Department to respond to all suicide related calls to 911. (This is due to the plain clothes and unmarked vehicle used.) All members of the [Summit County Sheriff's Department](#) are trained in [Crisis Intervention Teams \(CIT\)](#), [Question Persuade Refer \(QPR\)](#), and provided additional behavioral education opportunities yearly. Individuals transported to the Summit County Jail due to reasons on immediate physical harm, are placed in a specific suicide watch cell and seen by the [Huntsman Mental Health Institute – Park City](#) on-call staff.

#### **Postvention:**

Follow-ups with adults released from the Park City Hospital are conducted within 24 hours and released by a Network Provider, generally [Huntsman Mental Health Institute – Park City](#). For children and youth, this is conducted by the corresponding school-based provider. If a safety plan has not been established due to being seen in the [Emergency Department](#), staff will work with the individual to establish a Stanley-Brown Safety Plan. (A safety plan is a document that supports and guides someone when they are experiencing thoughts of suicide, to help them avoid a state of intense suicidal crisis. The Stanley-Brown Safety Plan is viewed as one of the standards for safety plans.)

**School Counseling in the event of a Death by Suicide:**

The Summit County School-based counseling program has plans in place to shift counseling resources, including calling in network clinicians, towards a school in the event of an emergency, including a death by suicide. This protocol has been used once in the previous school year when a preschool teacher was involved in a pedestrian accident and a therapist was tasked to the preschool for two days, counseling staff members and making referrals as necessary.

Community based postvention follows the programs as outlined in the “After A Suicide...” response

**Identify at least one staff member with suicide prevention responsibilities trained in the following OSUMH Suicide Prevention programs. If a staff member has not yet been identified, describe the plan to ensure a staff member is trained in the following:**

1. **Suicide Prevention 101 Training**
2. **Safe & Effective Messaging for Suicide Prevention**
3. **Suicide Prevention Gatekeeper training, such as Question-Persuade-Refer (QPR), Mental Health First Aid (MHFA), Talk Saves Lives or Applied Suicide Intervention Skills Training (ASIST)**

Chantal Guadarrama, Behavioral Health Division

**Describe all current strategies in place in suicide postvention including any grief supports. Describe your plan to coordinate with Local Health Departments and local school districts to develop a plan that identifies roles and responsibilities for a community postvention plan aligned with the Utah Suicide Coalition for Suicide Prevention Community Postvention Toolkit. Identify existing partners and intended partners for postvention planning. If available, please attach a localized suicide postvention plan for the agency and/or broader local community or link to plan.**

For postvention responses deemed at a high level, Summit County has had a postvention response plan in place for the past four years. The plan is modeled off of , and consulted on by the National Health Service – Scotland and incorporates public, private, and non-profit roles. Additionally, the Behavioral health Division maintains an emergency response corps. to respond as needed to community emergencies.

For lower level postvention, Huntsman Mental Health Institute – Park City oversees efforts to ensure other contracted clinicians also have plans in place. Huntsman Mental Health Institute – Park City provides thorough screening assessment to all patients with the Columbia-Suicide Severity Rating Scale (C-SSRS) included. Treatment is provided based on screening and assessment. All patients complete a Stanley Brown safety plan. In addition, clinicians are trained in CALM (Counseling on Legal Means). With this training clinicians ask further crucial screening questions to identify risk and increase safety in regard to access to means. Patients are hospitalized when a higher level of care is indicated and Huntsman Mental Health Institute – Park City will track patients while inpatient and follow through with treatment upon release. Resources from the community are provided to support safety. All patients at Huntsman Mental Health Institute – Park City are provided crisis resources noted in each progress note when they are seen at the clinic. Effectiveness is measured by reduced hospitalizations and treatment outcomes and continued assessment and screening to evaluate progress and reduced and zero report of suicidal ideation. Efforts are made to increase supports and access to treatment for each high acuity patient through case management services and monitoring, medication management and

clinical staff who provide individualized treatment plans per patient.

**For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program summarize your implementation plans for implementing skill based programming, gatekeeper training, community or school based screening activities, and crisis follow up services after inpatient or emergency department visits. (note: this can be done in the box below, or by linking/attaching your most current report).**

**For those not participating in this grant program, please indicate "N/A" in the box below.**

N/A

**For Local Authorities participating in the Comprehensive Suicide Prevention grants describe your implementation plans for primary prevention programs, suicide intervention supports including gatekeeper training, and community postvention planning. (note: this can be done in the box below, or by linking/attaching your most current report).**

**If any of the following project deliverables are currently available, please link them here or attach them to your submission.**

1. **By year 2, funding recipients shall submit a written comprehensive suicide prevention plan that is in alignment with the Utah Suicide Prevention State Plan and by year 2, funding recipients shall submit a written postvention response plan and communication protocol for their organization.**
2. **By year 3 funding recipients shall submit a written community postvention response plan.**

**For those not participating in this project, please indicate, "N/A" below.**

N/A

**For Local Authorities receiving mini grant funding for the Live On Utah statewide suicide prevention campaign, summarize your implementation and sustainability plans for the implementation of culturally appropriate suicide prevention messaging in your area.**

***For those not participating in this project, please indicate, "N/A" below.***

N/A

### **35) Justice Treatment Services (Justice Involved)**

**Thom Dunford**

**What is the continuum of services you offer for justice involved clients and how do you address reducing criminal risk factors?**

Services include [Prime For Life](#) (offered online via [Huntsman Mental Health Institute – Park City](#)), [Supportive Outpatient \(SOP\)](#), [Intensive Outpatient Program \(IOP\)](#), Drug Court, [Medically Assisted Treatment \(MAT\)](#), [Urine Analysis](#) testing, Peer Support, Individual therapy and case management. Criminal risk factors are reduced through treatment planning, successful completion of recommended programs and negative [Urine Analysis](#) results.

**Describe how clients are identified as justice involved clients**

Individuals are traditionally identified through their justice involvement, but may also be identified by their attorneys or clinicians who are aware of pending judicial involvement. Additional referrals may be received from the jail or “known flyers” with a behavioral health history of involvement with local law enforcement.

**How do you measure effectiveness and outcomes for justice involved clients?**

Negative [Urine Analysis \(Drug Test\)](#) results are an immediate indicator of the effectiveness of justice involved treatment services. Successful completion of the treatment recommendations is also a way to measure the effectiveness for Justice Treatment Services. [Huntsman Mental Health Institute – Park City](#) serves primarily [Substance Use](#) related justice involved clients. [Huntsman Mental Health Institute – Park City](#) also serves [Domestic Violence \(DV\)](#) related cases for which effectiveness is measured by completion of [Moral Recognition Therapy \(MRT\)](#) and associated treatment recommendations.

**Identify training and/or technical assistance needs.**

We would like more clinicians in the HUB Network trained in domestic violence and Moral Recognition Therapy (MRT).

**Identify a quality improvement goal to better serve justice-involved clients.**

Summit County is working on increased use of risk assessment, possibly using the Level of Service/Risk Need Responsivity (LS RNR), a tool which assesses the client criminogenic risk.

**Identify the efforts that are being taken to work as a community stakeholder partner with local jails, AP&P offices, Justice Certified agencies, and others that were identified in your original implementation committee plan.**

[Huntsman Mental Health Institute – Park City](#) provides individual therapy, assessment and crisis treatment services in the jail weekly. [Huntsman Mental Health Institute – Park City](#) coordinates with probation and AP&P, justice and district court judges, to track compliance with treatment recommendations and [Urine Analysis \(Drug Test\)](#) testing results weekly.

**Identify efforts being taken to work as a community stakeholder for children and youth who are justice involved with local DCFS, DJJS, Juvenile Courts, and other agencies.**

DDue to the low volume of youth engaged with the above agencies, direct contract from the above agencies is made with [Huntsman Mental Health Institute – Park City](#). Through expanded usage of school-based services, early identification and intervention within schools is able to take place.

**36) Specialty Services**

*Pete Caldwell*

**If you receive funding for a speciality service outlined in the Division Directives (Operation Rio Grande, SafetyNet, PATH, Behavioral Health Home, Autism Preschools), please list your approach to services, how individuals are identified for the services and how you will measure the effectiveness of the services. If not applicable, enter NA.**

N/A

**37) Required attachments**

- Policies and procedures for peer support and family peer support, including peer support supervision, family peer support supervision, and involvement at the agency level.
- List of evidence-based practices provided to fidelity.
- Policies for improving cultural responsiveness across agency staff and in services.
- “Eliminating Health Disparity Strategic Plan” goals with progress.
- Disaster Preparedness and Recovery Plan to coordinate with state, regional, and local partners in Disaster Preparedness Planning and Supporting Disaster Behavioral Health Response.